



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

100 N. Senate Avenue • Indianapolis, IN 46204  
(800) 451-6027 • (317) 232-8603 • [www.idem.IN.gov](http://www.idem.IN.gov)

Eric J. Holcomb  
Governor

Bruno L. Pigott  
Commissioner

67-02/bpace  
R. Jason Lenz  
Creek Run L.L.C. Environmental Engineering  
P.O. Box 114  
Montpelier, IN 47359

JAN 26 2017

Re: Excess Liability Trust Fund Claim  
Village Food Mart  
ELTF # 201111505 FID # 2505  
Edgewood, Madison County  
Invoice Number: 201111505-30

Dear Mr. Lenz:

On December 28, 2016, the Excess Liability Trust Fund Section (ELTF) received your application that included subsequent and resubmitted costs for reimbursement from the Fund. According to our records, the ELTF file on your occurrence contains the following information:

<b>ELTF Submittal Number:</b>	<b>30</b>
<b>Total Deductible:</b>	<b>\$25,000.00</b>
<b>Amount of Deductible Previously Met:</b>	<b>\$25,000.00</b>
<b>Amount of Deductible Met (this claim):</b>	<b>\$0.00</b>
<b>UST Fee Reimbursement Percentage:</b>	<b>100%</b>
<b>Total Amount Previously Reimbursed:</b>	<b>\$565,519.01</b>

## Technical Determinations

Corrective Action Plan Addendum approved on September 9, 2016.

## ELTF Eligibility Status

At present, this site is eligible for reimbursement from the ELTF for eligible costs associated with site characterization and corrective action work only.

<b>Your claim was submitted for:</b>	<b>\$16,628.21</b>
<b>After review, your claim has been reimbursed for:</b>	<b>\$0.00</b>

**Your claim application has been denied in full for the following reasons:**

**This claim is being administratively denied at the request of the applicant. There is a discrepancy between the costs originally denied in Claim 19 and the costs resubmitted for reimbursement consideration.**

**Individual costs submitted in this application have not been reviewed for reimbursement. These costs will be reviewed when resubmitted.**

The Excess Liability Trust Fund (ELTF) staff receives many claims with incorrect and/or incomplete information. Tracking down corrections takes valuable staff time, which should be used reviewing other claims with eligible reimbursement costs. Staff members perform an initial administrative review of each claim application that arrives to determine if it meets the minimum administrative requirements for a claim.

If a claim fails this initial administrative review, the application will be denied in full without a review of submitted costs. **Staff will not review any costs or look for other missing backup documentation if a claim is found deficient by administrative review.** Since costs have not been reviewed, missing back up documentation has not been identified. This includes, but is not limited to, well/boring logs, chain of custody for samples, suppliers' receipts or invoices, timesheets, signed waste manifests, request for proposal and submitted bids, and lodging receipts.

**Please note:** A claim application may be denied in full on a subsequent submittal if administrative deficiencies are not corrected or additional administrative deficiencies are found during ELTF's administrative review. A denial of a claim for administrative deficiencies will not count as a denial of costs or against the three submittal limit of 328 IAC 1-5-1(d).

It is the applicant's responsibility to verify that all submitted costs are accurate and correct. When resubmitting any denied costs, please review and follow the instructions in the application package. All claim applications, even those with resubmitted costs will be subject to the initial administrative review.

Additional issues that will result in a complete claim application denial include the following:

**Inaccurate Information**

- The Federal tax identification number and/or name and address of the applicant either are not on file or do not match the information on file with the state auditor's office.
- The application and its associated costs appear to be related to several incidents. The same incident number must appear on the application, affidavit, invoice summary, all pay requests and documentation substantiating costs.
- The total of the submitted pay requests (including the pay requests for resubmitted costs) does not equal the total costs listed on the application.

### **Incomplete Information**

- The claim application is not the current version: State Form 47139 (R14/6-16).
- The claim application is not complete (for example, city, state missing).
- The applicant's signature is missing , or it is not an original signature.
- The affidavit form is altered or is not complete.
- The affiant's signature on the affidavit is missing, or it is not an original signature.
- The affidavit has not been notarized, and / or it does not have a legible notary
- The invoice summary is missing.
- The claim application package needs a Power of Attorney or an Assignment of Rights.
- The claim does not meet the submittal guidelines for an ELTF claim found at [www.idem.in.gov/6578.htm](http://www.idem.in.gov/6578.htm) (i.e., disc not submitted; complete claim not on submitted disc; all backup information not on submitted disc).
- The claim consists of only resubmitted costs and is not a final claim identified as such.
- The claim is a duplicate of Claim # \_\_\_\_\_.
- The claim totals less than \$5,000.00 and meets none of the exceptions listed in the rule.

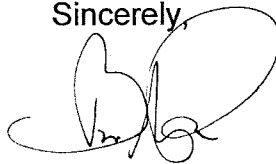
### **Inconsistencies with the ELTF Application Package Instructions**

- The LUST incident is not currently eligible for reimbursement from the ELTF.
- The LUST incident does not have the necessary technical approval(s) for reimbursement of the costs claimed.

If you have any further questions, please contact Colleen Rennaker at (317) 234-

0990.

Sincerely,



Brian A. Pace, Chief  
Excess Liability Trust Fund Claims Section  
Underground Storage Tank Branch  
Office of Land Quality

BAP/kms/cer

**Indiana Department of Environmental Management  
Excess Liability Trust Fund  
Claim Summary**

**Incident Number: 201111505**

**ELF Number:** 201111505

**Date Received:** 12/28/2016

**Target Date:** 02/26/2017

**Claim Number:** 30

**Claim Type:** U

**Tank Fee %:** 100.00

**FAC ID:** 2505

**Prev. Assignment:** Colleen Rennaker

**Eligibility:** Eligible

**Site Information**

**Site Name:** Village Food Mart

**Site Address:** 3505 Nichol Avenue, Anderson, IN 46011, Madison County

**Release Reporting**

**Incident Report Received:** 11/21/2011

**Spill Report Received:**

<b>Associated Incident Numbers</b>	<b>Priority</b>	<b>Resp Staff</b>
199308557 Eligible	High	Loic Maniet
201111505 Eligible	High	Loic Maniet

**Technical Determinations**

<b>Milestone</b>	<b>Date</b>
9070 - INITIAL SITE CHARACTERIZATION RECEIVED	02/08/2012
9086 - SITE CHARACTERIZATION APPROVAL SUSPD	07/03/2012
9085 - SITE CHARACTERIZATION APPROVED	04/29/2013
9292 - CAP IMPLEMENTATION REPORT APPROVED	01/08/2014
9278 - CAP ADDENDUM APPROVED	08/29/2014
9278 - CAP ADDENDUM APPROVED	05/15/2015
9278 - CAP ADDENDUM APPROVED	09/09/2016

**Deductible and Claim Information**

**Deductible Amount:** \$25,000.00

**Remaining Deductible to be Met:** \$0.00

**Indiana Department of Environmental Management**

**ELTF Claim Preparation QC Checklist**

<input type="checkbox"/> Internal
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**Claim Preparation**

Original signature present on application ☒

Federal Tax Identification number is filled in and verified in Encompass ☒

**Proper proof of payment provided with application:**

Signed and notarized affidavit ☒

Photocopied affidavit (acceptable for resubmittals only) ☐

Copies of fronts and backs of cancelled checks ☐

Electronic payments (bank statements, debits) ☐

Power of Attorney included if signator is not the owner/operator ☒

Assignment of rights document included if payment is made to someone other than owner/operator ☒

**Reviewer check-in and start date**

**Application properly staged into tracking databases:**

Date received ☒

Amount Requested ☒

Status to "Incomplete" ☒

Appropriate loose file technical documents included in file ☒

Peruse types of costs submitted and check ULCERS to see if appropriate technical document has been approved ☒

Verify Name, Address, Tax ID in Encompass ☒

Verify that steps in receiving stage have been completed ☒

Verify that Incident # on application matches that on pay requests ☒

**Claim Processing Tracking Section**

Stage	Initials	Date Completed
Claim Check-In and PREP Date	SS	12/29/16
Triage and Data Package Prepped	CR	1 / 11 / 17
Cost Reviewer Check-In and START Date	CR	1 / 13 / 17
Cost Review COMPLETE	CR	1 / 18 / 17
Peer QC (FINAL QC)	KS	1/20/17
FINAL APPROVAL	C (X)	1/20/17

Words in ALL CAPS above match the stages tabs in ULCERS

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**ELTF Program Complete Claim Denial QC Checklist**

ELTF NUMBER: 201111505-30

FAC ID: 2505

**Reason(s) for Denial:**

There is a discrepancy between the costs originally denied in Claim 19 and the costs resubmitted for reimbursement consideration.

**Electronic and Hard Copy Data Packages**

- ☒ Application Denial Template used for electronic data package
- ☒ "ELTF Submittal Number" is the incident number and number of the claim (eg, 123456789-00)

**Data Tab**

- ☒ Name ☒ ELTF Invoice Number
- ☒ Address ☒ FAC ID
- ☒ Zip Code ☒ City, County
- ☒ Contact (Attn:) ☒ Date Claim Received
- ☒ Site Name
- ☒ Cost Review Contact Name / Phone Number
- ☒ Tax ID Number verified in Encompass (check from application)
- ☒ Verify reimbursement letter has same amount as data tab.

**Worksheet and ULCERS**

- ☒ Update ULCERS as usual.
- ☒ ULCERS notes updated - in Stages and in "LUST" Notes (if needed).
- ☒ Update and print master notes. (last page of notes "most recent" only)
- ☒ Print reimbursement tab letter and include in folder.

**ELTF file arranged and ordered as follows in folder**

- ☒ Denial letter on top (loose)
- ☒ Denial QC sheet (loose)
- ☒ Triage QC sheet (loose)
- ☒ Master notes (loose)
- ☒ Claim Summary (clipped)
- ☒ Application and supporting docs (clipped)
- ☒ All other supporting docs (clipped)

Cost Reviewer:

Colleen Bennaker

Date:

1/20/17

Peer Reviewer:

Kathy Simonson

Date:

1/20/17

Sr/Tech Reviewer:

KMS

Date:

1/20/17



# EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)  
Indiana Department of Environmental Management

## TO BE COMPLETED BY IDEM

Date Submitted (month/day/year)  
12-28-2016  
ELTF Control Number  
20111505-30

**INSTRUCTIONS:** This form should be submitted when applying for a reimbursement request or a resubmittal of reimbursement request. Another form is available for ELTF Eligibility Requests. **Please click on the link below to view the most recent submittal instructions.** Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages as described in the INSTRUCTIONS for completing the application. **Do not include social security numbers on any supporting backup documentation.**

[http://idem.in.gov/files/forms\\_elft\\_claim\\_instructions.doc](http://idem.in.gov/files/forms_elft_claim_instructions.doc)

## TO BE COMPLETED BY APPLICANT

### SECTION 1 - APPLICANT INFORMATION

Name of Applicant		Please enter a Tax ID Number or Social Security Number	
Creek Run L.L.C. Environmental Engineering		Tax ID Number:	35-1926594
Mailing Address of Applicant (number and street)	City, State (Abbr.) ZIP Code	SSN:	
P.O. Box 114	Montpelier, IN 47359		
Name of Second Party for Joint Check (if applicable). Check will be issued to applicant and party listed below, and mailed to the above address. Not Applicable			
Name of Contact Person Concerning Claim Issues	Contact Company Name	Contact Telephone Number (with area code)	
Brooke Thornburgh	Creek Run L.L.C.	765-728-8051	
Contact E-mail Address	Social Security Number Included in Backup Documents?		
bthornburgh@creekrun.com	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was there Private Insurance that may cover this Release?	Name of Insurance Company	Policy number	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### SECTION 2 - SITE INFORMATION

Facility Identification Number	Date Incident Reported to IDEM (month/day/year)	LUST Incident Number
2505	11/11/2011	20111505
Name of Facility	IDEM Project Manager	County Where Facility Is Located
Village Food Mart	Loic Maniet	Madison
Address of Facility (NOTE: enter 911 street address.)	City, State (Abbr.) ZIP Code	
3505 Nichol Avenue	Edgewood, IN 46011 (Anderson)	

### SECTION 3 - REIMBURSEMENT REQUESTS

Request Covers Work Performed During the Following Period (month/day/year)		From: 8/18/16 To: 8/31/2016 10/31/2016
Type of Work Performed:		
<input type="checkbox"/> Investigation <input checked="" type="checkbox"/> CAP <input checked="" type="checkbox"/> Quarterly Monitoring <input type="checkbox"/> NFA <input type="checkbox"/> Emergency Response		
Identify the Type of Claim Application:		
<input type="checkbox"/> Initial Dollar Claim Application (This is the first request for payment from the ELTF.)		
<input type="checkbox"/> Subsequent Claim Application (One or more claims have been submitted to the ELTF. None of the costs requested in this claim application have been previously submitted.)		
<input checked="" type="checkbox"/> Subsequent Claim Application and Resubmittal of Denied Costs (This claim application includes new costs and costs that have been denied by the IDEM. The portion of the claim that was previously submitted must be identified below as being previously submitted and include the dollar value of the original claim.)		
Original Amount Requested:		Claim Number Assigned By IDEM:
\$50,444.19, \$25,625.41		23, 24
<input type="checkbox"/> Complete Claim Resubmittal (A claim was submitted to IDEM and was denied in full. To have a previously denied claim reevaluated, a new application for each claim must be submitted, that includes the amount of the original request, and the claim number assigned by IDEM. (See instructions.))		
Original Amount Requested for Denied Costs:		Claim Number Assigned By IDEM:
<input type="checkbox"/> Third Party Claim (If you have been held responsible for damages to a third party and are submitting the judgment or settlement agreement for reimbursement as a third party claim. Please submit proof that a copy of this claim has been sent to the Indiana Attorney General.)		
<input type="checkbox"/> Final Claim (This is for the last claim submitted after the NFA has been issued.)		
Enter the Total Costs for the Claim from the Attached "Pay Requests" (including resubmitted costs if applicable)		ELT 12/28/16 07:37:20 IDEM Date Stamp
\$ 16,628.21		
Enter the Total Resubmitted Costs (if applicable)		
\$ 9,901.92		



## EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)  
Indiana Department of Environmental Management

### TO BE COMPLETED BY IDEM

Date Submitted (month/day/year)

ELTF Control Number

### TO BE COMPLETED BY APPLICANT (continued)

Most Recent Technical Determination (check one):

- ☐ Emergency Measures (Attach a completed "Confirmation of Emergency Response Status" form signed by the IDEM project manager, or the IDEM Emergency Response On-Scene Coordinator.)
- ☐ Site Characterization Performed in Accordance with the UST Guidance Manual and 329 IAC 9-5 (Attach a copy of the letter from IDEM stating that the site is fully characterized.)
- ☐ Approved CAP (Attach a copy of your "Corrective Action Plan Approval" letter from the IDEM.)
- ☒ Approved CAP Implementation (Attach a copy of your "Corrective Action Plan Implementation Approval" letter from the IDEM if available.)
- ☐ No Further Action required (Attach a copy of your "No Further Action" letter from the IDEM.)
- ☐ Site Conditions Do Not Warrant Preparation of a CAP (You must provide documentation that IDEM has determined that a CAP should not be prepared. Please contact the IDEM project manager.)

### SECTION 4 - SIGNATURE OF UST OWNER, UST OPERATOR, PROPERTY OWNER, ATTORNEY IN FACT, AND/OR ASSIGNEE OF RIGHTS

I swear or affirm to the best of my knowledge and belief that the costs presented herein represent the reimbursable costs actually incurred in the performance of site characterization or corrective action related to this site during the period of time indicated on this application. I swear or affirm that all charges presented as part of this application were necessary to the performance of site characterization or corrective action. I also swear that I have not altered the calculations in this electronic form. I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application.

In accordance with 328 IAC 1-3-1(a), the applicant must be a UST owner, UST operator, subsequent property owner, or person assigned the right of reimbursement. In accordance with 328 IAC 1-5-1(b), the assignor of rights (UST owner, UST operator, property owner, or attorney in fact) must sign the application in addition to the assignee of rights. Persons that have been assigned rights and also have appropriate power of attorney should sign both signature blocks.

Signature of Assignee of Rights

Date Signed (month/day/year)

*R. Jason Lenz*

11/4/16

Mr./Ms. Print Name  
Mr. R. Jason Lenz

Title Company  
C.O.O. Creek Run L.L.C. Environmental Eng.

Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact

Date Signed (month/day/year)

*R. Jason Lenz*

11/4/16

Mr./Ms. Print Name  
Mr. R. Jason Lenz

Title Company  
Attorney In Fact Creek Run L.L.C. Environmental Eng.

If applicable, a copy of the signed Assignment of Rights under 328 IAC 1-3-1 must be attached. If applicable, a copy of the signed Power of Attorney must also be attached. If the Assignment of Rights or the Power of Attorney has been modified or amended, a current copy must be attached.

**MAILING INSTRUCTIONS:** Please mail one single-sided paper copy (including a printout of this application and all back up information) and one CD or DVD with a PDF file (exact match of paper copy) and Excel file (.XLS) with the application information to the following address:

Indiana Department of Environmental Management  
Excess Liability Trust Fund  
100 North Senate Avenue, Room 1101  
Indianapolis, IN 46204-2251